

CLAIMS ONLY							Application Number <u>10802547</u>		Filing Date	
							Applicant(s)			
* May be used for additional claims or amendments										
CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT		*		*	
	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend
1	/						51			
2		/					52			
3	/						53			
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5	/						55			
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45							95			
46							96			
47							97			
48							98			
49							99			
50							100			
Total Indep	↙		↙		↙		Total Indep	↙		↙
Total Depend		↘		↘		↘	Total Depend		↘	
Total Claims							Total Claims			